

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some of all of the above types of discrimination as well as some additional types including but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

(PLEASE PRINT PLAINLY)

PERSONAL Date _____

Name _____
Last
First
Middle

Social Security Number _____ Telephone Number _____

Address _____
No.
Street
City
State
Zip

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes ___ No ___ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for _____

Were you previously employed by us? Yes ___ No ___ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

To Employer: The right to ask questions concerning convictions carries from state to state and is subject to change. If you wish the applicants to answer the following question, and are legally permitted to do so, please check the box next to the questions *and* fill in the legally appropriate time period for your state.

To applicant: Do *not* answer the following questions unless the employer has checked the box next to the question *and* filled in the blank prior to the word "years".

Have you been convicted to a major crime (felony) in the past _____ years? Yes ___ No ___
 (Do not answer Yes if the conviction has been pardoned, annulled, expunged, sealed or impounded by a court.)

If yes, please give the conviction date and nature of the offense. _____

_____ A conviction record will not necessarily bar employment.

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

①

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

②

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

③

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

④

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer ① Yes No
 Employer ② Yes No
 Employer ③ Yes No
 Employer ④ Yes No

Signed _____

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
Elementary			5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes ___ No ___ If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes ___ No ___ If yes, what is the best time to call? _____

What is your business telephone number: _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an official of the Township Board has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by a Township Official.

Signature of Applicant

PURSUANT TO MICHIGAN LAW: I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to you by present or former employers
 Yes No

I hereby authorize the employer to whom I am submitting this application to gather or keep a record of my associations, political activities, or communications of non-employment activities or to both gather and keep such a record
 Yes No

Signature of Applicant _____

Signature of Applicant _____

APPLICANT - Do Not Write on This Page

FOR INTERVIEWERS USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

Tests Administered	Date	Raw Score	Rating	Comments and Interpretation

REFERENCE CHECK

Position Number	Results of Reference Check
①	
②	
③	
④	

Negaunee Township
42 State Highway M-35
Negaunee MI 49866